2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000026081

1. Entity Name
INNKEEPERS HOSPITALITY FLORIDA, INC.

Principal Place of Business	Mailing Address
306 ROYAL POINANCIANA WAY PALM BEACH, FL 33480	50 COCOANUT ROW SUITE 200 PALM BEACH, FL 33480

01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0826461
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FISHER, JEFFREY
306 ROYAL POINCIANA WAY
PALM BEACH, FL 33480

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	AS
NAME	COHEN, PHILIP
STREET ADDRESS	50 COCOANUT ROW, SUITE 200
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	D
NAME	FISHER, JEFFREY
STREET ADDRESS	306 ROYAL POINCIANA WAY
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	ST
NAME	POLLAK, ROGER
STREET ADDRESS	306 ROYAL POINCIANA WAY
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	VP
NAME	WALKER, TIMOTHY
STREET ADDRESS	306 ROYAL POINCIANA WAY
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/14/05-80025-009 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Roger Pollak Roger Pollak 1-12-05 561 655 9001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #